2009-2011 NJDEP WASTE TRANSPORTER

REGISTRATION RENEWAL INFORMATION



♦♦♦♦PLEASE READ THIS IMPORTANT NOTICE♦♦♦♦

FAILURE TO SUBMIT ALL REQUIRED INFORMATION WILL RESULT IN NO DECALS BEING ISSUED

ALSO TURN PAGE OVER

NJDEP transporter decals will expire on June 30, 2009 and must be renewed by May 1, 2009.

We are now part of the Bureau of Solid Waste Compliance & Enforcement (although we also handle registration of Hazardous Waste transporters) and will continue the biennial (two-year) renewal cycle for both Solid & Hazardous Waste decals. Please read this entire 2-sided notice since NJDEP IS NOW REQUIRING YOU TO SUBMIT COPIES OF ALL VEHICLE INFORMATION AND NEW MANDATORY FORMS ALONG WITH YOUR RENEWAL APPLICATION. ALL VEHICLES MUST BE REGISTERED WITH MOTOR VEHICLE AS COMMERCIAL (PASS-COMM NOT ACCEPTABLE). PAYMENT MUST BE IN THE FORM OF CERTIFIED CHECK OR MONEY ORDER (NO BUSINESS or PERSONAL CHECKS). Please see reverse for details.

Attached to this NOTICE you will find:

- 2-Year Transporter Registration Renewal Form
- NEW Mandatory Proof of Insurance and Authority to Operate Questionnaire
- NEW Mandatory Solid and/or Hazardous Renewal Questionnaire
- Revised Lease Certification
- "ADD-ON Form" Request for Additional Transporter Registration Decal
- Billing Invoice ONLY Solid and/or Medical Waste (<u>Hazardous Waste Transporters WILL BE BILLED AT A LATER DATE</u>)

Decals expiring June 30, 2011 will be issued only when all information is accurately submitted.

IN ADDITION TO YOUR SIGNED AND COMPLETED RENEWAL FORM •SW BILLING INVOICE AND SW PAYMENT New requirement submissions for this registration cycle are: MANDATORY TRANSPORTER QUESTIONNAIRE • MANDATORY PROOF OF INSURANCE AND AUTHORITY TO OPERATE QUESTIONNAIRE • PROOF OF INSURANCE • COPIES OF ALL MOTOR VEHICLE REGISTRATIONS and if vehicles are leased, BOTH; VALID LEASE AGREEMENT AND REVISED NJDEP LEASE CERTIFICATION MUST ALSO BE SUBMITTED. FAILURE TO SUBMIT ALL REQUIRED INFORMATION WILL RESULT IN NO DECALS BEING ISSUED.

"Section C" of your Renewal Form lists all vehicles/equipment that will be renewed for this upcoming biennial (2-year) period. You must provide all information requested above for each piece of equipment identified in "Section C". If you need to add new vehicles/equipment at this time, you must complete the enclosed "Add-On Form". "Add-On" vehicles/equipment must also submit the information from above, and the solid waste fee must be included in "Section G" of your Renewal Form and added to your billing invoice total and payment.

NJDEP transporter decals will expire on June 30, 2009 and must be renewed by May 1, 2009. Incomplete Renewal applications and/or applications received after May 1, 2009 will be determined expired and NJDEP will inactivate ALL such companies.

FAILURE TO SUBMIT ALL REQUIRED INFORMATION WILL RESULT IN NO DECALS BEING ISSUED.

Questions regarding your RENEWAL should be addressed to the appropriate Case Manager as prompted at (609) 292-7081.

(Over)

2009-2011 NJDEP WASTE TRANSPORTER

REGISTRATION RENEWAL INFORMATION

♦♦♦♦PLEASE READ THIS IMPORTANT NOTICE♦♦♦♦

YOUR NJDEP TRANSPORTER DECALS WILL EXPIRE JUNE 30, 2009. YOU MUST RENEW AT THIS TIME. **FAILURE TO SUBMIT ALL REQUIRED INFORMATION WILL RESULT IN NO DECALS BEING ISSUED.**

YOU MUST SUBMIT <u>LEGIBLE COPIES OF ALL</u> INFORMATION LISTED BELOW WITH YOUR RENEWAL REGISTRATION FORMS AND PAYMENT BY MAY 1, 2009 FOR YOUR RENEWAL TO BE CONSIDERED COMPLETE:

1) ◆ COPY OF VALID MOTOR VEHICLE (MV) REGISTRATION(S)

ALL VEHICLES MUST BE REGISTERED COMMERCIAL (PASS-COMM NOT ACCEPTABLE)

The transportation of waste requires <u>commercial</u> motor vehicle registration. The use of vehicles with passenger plates to transport waste in the State of New Jersev is prohibited, pursuant to N.J.A.C. 7:26-3.2(a)6.

2) PROOF OF INSURANCE FOR VEHICLE(S)

- ♦ COMPLETED MANDATORY PROOF OF INSURANCE AND AUTHORITY TO OPERATE (PI&ATO) FORM attached
- ◆ COPY OF VEHICLE INSURANCE CARD(S) OR CERTIFICATION OF INSURANCE
- ◆ COPY OF MOTOR CARRIER MCS-90 OR MCS-82 (WHEN APPLICABLE) see Page2 of PI&ATO for information

3) ALL LEASED VEHICLES, PLEASE PROVIDE BOTH:

- ♦ VALID LEASE AGREEMENT AND
- ◆ REVISED NJDEP LEASE CERTIFICATION available at http://www.nj.gov/dep/dshw/hwr/regis lic/lru.htm
 All lease agreements must meet the requirements of N.J.A.C. 7:26-3.2(1). REVISED Lease Certification must be submitted.
- 4) PAYMENT Solid Waste Transporters Only (Hazardous Waste Transporters will be billed annually in March)
 - ◆ CERTIFIED CHECK or ◆ MONEY ORDER Personal and/or business checks NOT ACCEPTABLE

In accordance with N.J.A.C. 7:26-4.2, our acceptable payment methods for solid waste transporting must be made by certified check OR money order.

5) <u>SIGNED AND ACCURATELY COMPL</u>ETED RENEWAL FORMS

◆ New Mandatory Solid/Hazardous Waste Renewal Questionnaire

A signature from a responsible official is required in BOTH "Section C" and "Section G" for SW

BOTH "Section C" and "Section F" for HW

Any vehicle not listed on your renewal must be added by using the attached ADD-ON Form, and must be submitted with all items listed above.

Provide all site addresses where vehicles are stored overnight and can be inspected.

Cut here and attach with your renewal package

Checklist

YOUR NJDEP #
☐ Registration Renewal Form: Signed and accurately completed
□ NEW Mandatory Solid and/or Hazardous Transporter Renewal Questionnaire
☐ Motor Vehicle Registration(s): VALID copies FOR ALL VEHICLES
□ NEW Mandatory Proof of Insurance and Authority to Operation Questionnaire
INSURANCE VALID copies of applicable insurance information FOR ALL VEHICLES
□ <u>Valid Motor Vehicle Insurance Card</u>
\square MCS-90
\square MCS-82
LEASED VEHICLES? You must submit both
☐ Copy of written lease agreement <u>AND</u>
□ NEW Original <i>Revised</i> NJDEP Lease Certification for ALL leased vehicles
NEW VEHICLES?
□Completed Add-On Form (Copy MV registration, insurance, lease, and payment)
☐Billing Invoice-Solid Waste Transporters Only (Hazardous Waste Transporters will be billed annual in March)
Payment payable to: Treasurer, State of New Jersey
□CERTIFIED Check OR □Money Order
□This COMPLETED Checklist



COUNTY ENVIRONMENTAL AND WASTE ENFORCEMENT BUREAU OF SOLID WASTE COMPLIANCE & ENFORCEMENT PO BOX 407

TRENTON, NEW JERSEY 08625-0407

SOLID WASTE AND/OR MEDICAL WASTE TRANSPORTER REGISTRATION RENEWAL FORM

Renewal Registration Year 2004 to 2011

This Form must be completed and submitted to NJDEP by

INSTRUCTIONS - Please read carefully before completing this form.

- 1. DO NOT WRITE IN SECTION A If an item in Section A is missing or is not correct, write the correct information for that item in Section B.
- 2. APPLICANTS MUST CHECK A BOX FOR ITEM 1 IN SECTION C AND SIGN. APPLICANTS MUST ALSO SIGN IN SECTION G.

3. REGISTRATION FEE (SEE ATTACHED INSTRUCTIONS) You must submit payment with renewal.

- NOTE: If municipality, submit voucher or purchase order with renewal.

 1. A "RESPONSIBLE OFFICIAL" is....for Corporations all corporate officers; for Limited Partnerships all general partners; for all other partnerships all partners; for Sole Partnerships the proprietor; for Municipal, State, Federal or Public Agencies all executive officers or ranking elected officials.
- 3. If your vehicles are based at a different address than the address in Section A or B, write the vehicle address(es) in Section D.

SECTION A - INFORMATION ON FIL	E FROM LAST YEAR - CORRECT IN SECTION B
DO NOT WRITE IN SECTION A	
 SW DEP# EPA ID# Certificate of Public Convenience and Necessity No. Applicant's Telephone No. 	A901 BILLING #
 4. Applicant's Name 5. Company or Trade Name 6. Street Address 7. City, State, Zip Code 	
 8. Type of Organization 9. a. Registered in State of b. Date of Incorporation 10. a. Name of Person with Prime Admin. Auth. b. Telephone Number c. Social Security 11. Applicant's Fed. Employer ID or Soc. Sec. No. 12. A-901 Exempt 	No.
SECTION B - THIS SECTION	N FOR CORRECTIONS TO SECTION A
1. SW DEP #	- -
9. Corporate or Partnership Data (ifany) a. Registered in State of County of b. Date of Inc. / /	
10. Person Having Prime Administrative Authority:	
a. Name: Last b. Area Code and Telephone Number 11. Applicant's Federal Employer ID or Social Security No.	<u> </u>

SECTION	C - RENEWI	NG SOLID	WASTE REGISTERED VEH	ICLES
1. This renewal application	•			
the collection, transports is therefore a LICENSE		al of solid	waste generated by OTHER p	eople. (i.e. third parties and
			d waste SELF-generated (i.e is a State/Federal governme	
I swear (or affirm) that the f				that if any of the foregoing
statements made by me are wi	llfully false, I	am subject	to punishment.	
(Print Name)			(Signature)	(Date)
	umbers and Ass	igned Code	that were registered last year	
PLEASE PROVIDE COPY OF IS LEASED, PLEASE INCLU				
			under the arrow. Make changes or c	
Vehicle Identification No.	St. Lic.#	Туре	Vehicle Identification No.	St. Lic.# Type
			-	
			:	•
		*		
•	-			
·				

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

County Environmental and Waste Enforcement Bureau of Solid Waste Compliance & Enforcement PO Box 407 Trenton, NJ 08625-0407

MANDATORY PROOF OF INSURANCE AND AUTHORITY TO OPERATE

Registered Non-Government NJDEP Transporters must have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26.3.2(l) and N.J.A.C. 7:26G-7.2(b)7, permittees, licensees and exempt transporters shall, for purposes of solid waste and hazardous activities respectively and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

As a result of these requirements, applicants for vehicle registration must answer the following question and supply the Department with the required information. Failure to do so will prevent the Department from issuing vehicle registrations. Does your company engage in hazardous waste transportation or interstate transportion of solid waste? YES NO (Check the appropriate line) If you answered YES, or have a Federal DOT Number, identify your DOT number on the space provided: For leased equipment, provide their DOT numbers, if applicable (attach additional sheets as necessary): Lessor USDOT number Attach one of the following types of proof of insurance to this form: 1. HAZARDOUS WASTE TRANSPORTERS: Provide a copy of your MCS-90 or MCS-82. Pursuant to N.J.A.C. 7:26G-7.2(a)2i proof of compliance with the minimum financial responsibility requirements covering public liabilities, property damage and environmental damage set out in 49 C.F.R. Part 387 2.INTERSTATE SOLID WASTE TRANSPORTERS POSSESSING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY: Provide a copy of your MCS-90 or MCS-82. Pursuant to N.J.A.C. 7:26H-1.21 evidence of insurance. Any utility engaged in solid waste collection or solid waste disposal shall file with the Department evidence of insurance or self-insurance, which certificate ... shall be in a form prescribed by the Department. 3. All other SOLID WASTE TRANSPORTERS: Provide a copy of your Insurance Card, MCS-90, or MCS-82 (listing your company with vehicle information), or a Certificate of Insurance (listing your company as insured with the vehicle info or the phrase, "any vehicle"). Pursuant to N.J.A.C. 7:26 3.2(a)6 registered Transporters must comply with NJMVC rules and regulations. NOTE: Insurance cards or certificates of insurance will **only** be accepted from "intrastate" only, transporters. See guidance and Federal Motor Safety Carrier Administration contact information on the reverse side of this form. **CERTIFICATION:** I, _____ am responsible for providing insurance PRINT Name of Authorized Company Representative for public liability and environmental restoration for any equipment that PRINT Name of DEP Registered COMPANY has registered with the Department of Environmental Protection to transport solid and/or hazardous waste, whether it is owned or leased. I further certify, my company has the proper authority to operate on the public highways

Signature of Authorized Company Representative

Title

Revised 2/2009 Page 1 of 2

Additional Information & Guidance for Acceptable Proof of Insurance:

The Federal Motor Carrier Safety Administration (FMSCA) has web sites to provide guidance in regards to minimum levels of financial responsibility for motor carriers. Their home page is located at: http://www.fmcsa.dot.gov/

For specific motor carrier questions you can contact the FMSCA at:

http://www.fmcsa.dot.gov/about/contact/who-to-contact/contactus.htm

http://www.fmcsa.dot.gov/about/contact/offices/displayfieldroster.asp

(For Hazardous Waste and Interstate Solid Waste Transporters)

- Q. Is the financial responsibility requirement met when an owner-operator (lessor) provides the motor carrier (lessee) a copy of the policy and Form MCS-90 where the carrier is named as an additional insured to the policy (Form MCS-90)?
- *A. Guidance:* No. The motor carrier has the responsibility to obtain the proper financial responsibility levels. http://www.fmcsa.dot.gov/rules-

regulations/administration/fmcsr/fmcsrruletext.asp?chunkKey=0901633480023256

- Q. What is the difference between interstate commerce and intrastate commerce?
- A. <u>Interstate</u> commerce is trade, traffic, or transportation involving the crossing of a State boundary. <u>Either the vehicle</u>, its passengers, <u>or cargo</u> must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier. <u>Intrastate</u> commerce is trade, traffic, or transportation within a single State.

http://www.fmcsa.dot.gov/about/other/faq/faqs.asp#name2

This material is abbreviated and being supplied for informational purposes only. You are still obliged to due diligence and are responsible to meet any and all applicable rules and regulations of the appropriate governmental agencies. For example as a registered FMCSA Motor Carrier, leases supplied to the NJDEP may also be subject to Federal Leasing requirements under 49 CFR Part 376.

As a NJDEP Registered Transporter you are responsible for the actions and omissions of all vehicles operated under your <u>exclusive use</u>, <u>possession</u>, <u>and control</u>. Insurance to protect the public and provide for environmental restoration in the event of an accident is required under our regulations.

Revised 2/2009 Page 2 of 2

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

County Environmental and Waste Enforcement
Bureau of Solid Waste Compliance & Enforcement
PO Box 407
Trenton, NJ 08625-0407

MANDATORY SOLID WASTE TRANSPORTER INITIAL/RENEWAL QUESTIONNAIRE

Please complete this mandatory form and return it with your Solid Waste and/or Medical Waste Transporter Registration Renewal or Initial Application.

USDOT # (if applicable)
NJ Secretary of State Filing # FEID#
Company Name:
Address:
City, State, Zip Code:
Phone # () Cell Phone # ()
Email address:@
Are you a <u>medical</u> waste transporter?yesno
Please identify all other licenses, authorities, permits or approvals to transport waste in other states:



Jon S. Corzine Governor

Mark N. Mauriello Acting Commissioner

Po Box 407
Trenton, NJ 08625-0407
Tel. # (609) 292-7081
Fax # (609) 588-2444

LEASE CERTIFICATION (REVISED 2/2009)

INSTRUCTIONS

- 1. Pursuant to <u>N.J.A.C.</u> 7:26-3.2 and <u>N.J.A.C.</u> 7:26G-7.2 of the solid and hazardous waste regulations, PLEASE complete and sign the attached "**Certification**" when you are LEASING any equipment, vehicle, or operator for the transportation of solid or hazardous waste.
- 2. The certification must be signed by the president, chief executive officer, managing partner, sole proprietor, other appropriate officer, or key employee of the permittee or licensee for whom a disclosure statement has been filed in accordance with N.J.A.C. 7:26-16.4(a)10, or if an exempt transporter, by the president, chief executive officer, managing partner, sole proprietor, other appropriate officer or official, or key employee of the exempt transporter.
- 3. For any additional equipment, vehicle or operator, please fill out the attached "ADDENDUM" form.
- 4. In accordance with N.J.A.C. 7:26-3.2(i)7, ALL applications for an approved registration, which involve **Leased equipment or vehicle** and/**or Leased vehicle operators** must have the completed "CERTIFICATION" statement submitted along with the registration application. If the "Certification" statement is not included with your registration application, your application will be considered administratively incomplete, and will be returned.
- 5. You may download or photocopy this "CERTIFICATION" but **you must submit the Original (signed version)** to the address above with all other required documents.

Revised 2/2009 Page 1 of 4

DEPARTMENT OF ENVIRONMENTAL PROTECTION COUNTY ENVIRONMENTAL & WASTE ENFORCEMENT

LEASE CERTIFICATION (REVISED 2/2009)

1.	I certify that I am theof	and I am
	Title Name of Licensee, Permittee or Exempt Transporter	
	authorized to make this certification/affidavit on behalf of	, and
	that I have personal knowledge of the facts set forth below. N.J.A.C. 7:26-3.2(i)7[i]1 and N.J. 7:26G-7.2(a)12.	A.C.
2.	The Lease filed by me as part of the registration statement for the equipment,	
	Vehicle Type, VIN/Serial No	,
	Issued by the State of, License Number	
	Overnight Location: Completed Address where vehicle/equipment is stored overnight (PO Box will not be	accepted)
	contains the true terms of the lease and has a bonafide business purpose and is not filed with a of preventing the discovery of information which would disqualify, for any reason set forth 13:1E-133, the lessor or any other person from receiving a license. N.J.A.C. 7:26-3.20 N.J.A.C. 7:26G-7.2(a)12.	in N.J.S.A.
3.	I further certify that my company and I understand that it must exercise exclusive use, possion control over each piece of equipment or operator which is included in the NJDEP registration and such equipment or operator is used to transport solid and/or hazardous waste. N.J. 3.2(i)7[i]3 and N.J.A.C. 7:26G-7.2(a)12.	n statement;
4.	I further certify that my company and I understand that it must take reasonable measures to the above-described equipment or operator will not, during the period of this lease, be used b person for the purpose of transporting solid and/or hazardous waste. N.J.A.C. 7:26-3.20 N.J.A.C. 7:26G-7.2(a)12.	y any other
5.	My company and I understand that the above-described equipment and/or operator is or with the exclusive management, direction and control of a Permittee, Licensee, or Exempt Transporting used to conduct solid and/or hazardous waste activities for Permittee, Licensee, Transporter. N.J.A.C. 7:26-3.2(j) and N.J.A.C. 7:26G-7.2(a)13.	orter while
6.	My company and I understand that, for purposes of solid and/or hazardous waste activities extent provided for under New Jersey law, my company will be responsible for the a omissions of their lessors and their vehicle operators, and for selecting lessors and vehicle operators appropriate qualifications. N.J.A.C. 7:26-3.2(1).	actions and

My company and I understand that proof of insurance for all vehicles subject to leases identified in this

Revised 2/2009 Page 2 of 4

Certification must be submitted to NJDEP when vehicle is registered.

7.

8. My company and I understand that, when the NJDEP issues decals to a Permittee, Licensee, or Exempt transporter for affixation to the solid and/or hazardous waste vehicle(s) of a lessor, the permittee, licensee or exempt transporter, and the lessor, are under independent obligations to notify the Department, return the NJDEP registration certification to the Department, and remove and destroy the NJDEP registration number and decals from the solid and/or hazardous waste vehicles of the lessor at the expiration and non-renewal of the lease pursuant to which decals were issued; and such decals shall be deemed expired. When used for solid and/or hazardous waste transportation purposes, such vehicles may only be used pursuant to the lease, and in compliance with all requirements of N.J.A.C. 7:26-3.2 and, if used in transporting hazardous waste, N.J.A.C. 7:26G-7.2., N.J.A.C. 7:26-3.2(k) and N.J.A.C. 7:26G-7.2(b)6ii. 9. My company and I understand that reasonable measures must be taken to remove and destroy expired decals and registration numbers after the expiration and non-renewal of the lease; and failure to do so may constitute a violation and may subject both the lessor and the Permittee, Licensee, or Exempt Transporter to penalties and licensing actions. N.J.A.C. 7:26-3.2(k)1 and N.J.A.C. 7:26G-7.2(b)6ii. 10 The term of the **attached** Lease: and Terminates at _____ If usage during the term is intermittent, occasions, or on an "as needed" basis, please explain: I am aware that if any of the foregoing information or statement is willfully false, I am

Name of **LESSOR**Street Address

City

State

Zip Code

Signed by:

Name of Authorized Official

Date

Title

Telephone Number

Signed by: Name of Authorized Official Date Title Telephone Number

City

State

Zip Code

Street Address

Revised 2/2009 Page 3 of 4

subject to punishment.

Name of **LESSEE**

ADDENDUM

Vehicle Type	VIN/Serial No
Issued by the State of	License Number
Overnight Location:	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
Vehicle Type	VIN/Serial No
Issued by the State of	License Number_
Overnight Location:	
	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
Vehicle Type	VIN/Serial No
Issued by the State of	License Number
Overnight Location:	
	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
Vehicle Type	VIN/Serial No
Issued by the State of	License Number
Overnight Location:	
<u> </u>	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
Vehicle Type	VIN/Serial No
Issued by the State of	License Number
Overnight Location:	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accepted)
Vehicle Type	VIN/Serial No
Issued by the State of	License Number
Overnight Location:	Completed Address where vehicle/equipment is stored overnight (PO Box will not be accented)

Revised 2/2009 Page 4 of 4

DAY JENGGET TABLAM FIYITAN LAAF EN VINAAN WIEDNEAL ENAALTEA LAAF

County Environmental and Waste Enforcement Bureau of Solid Waste Compliance & Enforcement PO Box 407 Trenton, NJ 08625-0407

REQUEST FOR ADDITIONAL SOLID WASTE AND/OR MEDICAL TRANSPORTER REGISTRATION DECAL

SOLID AND/OR MEDICAL WASTE (ADD-ON Form)

	Date					
NJ Secretary of State Filing #		USDO				
Company Name						
Address_						
				Zip Code	·	
			Zip Code DEP #			
Email:)				
Amount Enclosed: 1. A legible copy of each motor veh "Proof of Insurance and Authority t of ownership, and for plate changes 2. For Containers, write in the Quanti they are leased (see item 3.). (If yo 3. For each unit identified in this req period that this registration will be attachment); AND the original NJI 4. Payment in the form of a CERTII must be submitted with this request 5. Add-on requests are processed by a required documents and payment to	ticle registration and proof of insu- to Operate" must be submitted for a and/or Vehicle Identification Num- ity needed in the section below as ur container has an identification nature quest as LEASED*, attach a legib- in effect (the VIN must be incorposed Certification. FIED check or money order payards.	urance in all "new hober (VII) indicated number, ple copy porated in ble to: " all (609)	n the name of N. "equipment add N) corrections. d. No VIN or oblease attach it of of the executed into the lease, or "TREASURER"	ther number n a separate Lease Agn referenced	s are required piece of pape eement valid to in an appe OF NEW JE	gardless I unless r.) for the ndix or RSEY"
VIN NUM	<u> </u>	ise at the			LEASED	DEP USE
OVERNIGHT (Where vehicle can be insp		STATE	PLATE#	VEHICLE TYPE *	YES OR NO	ONLY DECAL#
VIN:	ected, NOTO Boxes)			(Use Number)		
Address:		_				
VIN:						
Address:		-				
VIN:		<u> </u>				
Address:		_				
CONTAINERS ONLY Quantity:		XX	XXXXXXX	С		
hereby certify that the foregoing statements the foregoing statements made by me are will bunishment. Name	Ifully false, I am subject to	2. \$ 3. \$ 4. \$	Type of Vehicle 1. Solid Waste Cab (M) 2. Solid Waste Trailer (T) 3. Solid Waste Container (C) 4. Solid Single Unit Vehicle (S) 5. Replacement Cab Card		\$ \$) \$ (S) \$	6/Vehicle 6/40.00 6/60.00 6/60.00 6/100.00
Signature			III.I. Fee effe			